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## BIB DATA SHEET

CONFIRMATION NO. 2323

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/567,077	02/03/2006	430	1618	5121002053	
<b>RULE</b>					
<b>APPLICANTS</b> Frank Theobald, Bad Breisid, GERMANY; Notger Weber, Neuwied, GERMANY; Simon Günter, Hillesheim, GERMANY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/08221 07/23/2004 <b>** FOREIGN APPLICATIONS *****</b> GERMANY 103 36 211.8 08/07/2003 GERMANY 10 2004 028 415.6 06/11/2004 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/15/2006					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /NISSA M Acknowledged WESTERBERG/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> William F Lawrence Frommer Lawrence & Haug 745 Fifth Avenue New York, NY 10151 UNITED STATES					
<b>TITLE</b> Dermal or transdermal therapeutic system comprising an ormocer with barrier effect on a cover foil					
<b>FILING FEE RECEIVED</b> 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		